

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Physicians is respectfully invited to fill in the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 401 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 16<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belia Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 Years, --- Months, --- Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House work

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester County, Md.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, { Give Street and Number. } 205 South Calver St.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Phthisis  
Asthenia

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, June 17/87

Undertaker, C. S. Butler Medical Attendant, John W. Pickel M. D.

Place of Business, 132 N. Caroline Address, 1312 Chew St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A 402

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 15<sup>th</sup> '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Whalen

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

47

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Seamstress

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

25 yrs

Duration of Residence in the City of Baltimore,

25 yrs

Place of Death,

{ Give Street and Number. }

University Hospital

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Bright Disease - Chronic

Exhaustion

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick's

Date of Burial,

June 16/87

Undertaker,

C. F. Krause & Son

C. H. Mitchell

M. D.

Medical Attendant.

Place of Business,

703 Calver Ave

Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. A 403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness, ~~may~~ may note for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. L. Johnson

Sex, Male or ~~Female~~, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 2 Months, \_\_\_\_\_ Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 502 Moore's al.

Cause of Death, { First, (Primary.) chol. infantum  
Second, (Immediate.) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17<sup>th</sup> 1887

Undertaker, Alex. Hensley

Place of Business, 561 Orchard St Address, 411 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Health Department, City of Baltimore.

Permit No.

*A 404*

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *June 16th 1887*

Full Name of Deceased, *Christian Kothe* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female *Male* { Cross out the word not required in this line. }

Age, *40* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Travelling agent*

Birth Place, *Germany* { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *18* years

Place of Death, *W. Fayette St # 638* { Give Street and Number. }

Cause of Death, *Apoplexy* { First (Primary), Second (Immediate), }

Duration of Last Sickness, *Death sudden*

All the above information should be furnished by the Physician.

Place of Burial, *London park*

Date of Burial, *June 17th*

{ Undertaker, *J. J. Cowan*

{ Place of Business, *901 Hollin St* Address, \_\_\_\_\_

*L. G. Spanow* M. D. Medical Attendant.  
*Coroner*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department City of Baltimore.

Permit No.

405

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

June 15 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William R Thompson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

65

Years, Not known

Months,

Not known

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Dorchester Co Md.

Duration of Residence in the City of Baltimore,

40 yrs

Place of Death,

{ Give Street and Number. }

6103 King St

Cause of Death,

{ First (Primary), }

Pneumonia

{ Second (Immediate), }

Pneumonia Extension

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial,

Marble Cemetery

Date of Burial,

June 17 1887

Undertaker,

Merced's Bros

Frank Martin

M. D.

Place of Business,

404 Conduit St

Address,

Mt. Zion Hospital

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 406 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 16th 1887

Full Name of Deceased, John Skels  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 30 Years, — Months, 2 Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the words not required in this line.

Occupation, Engineer

Birth Place, Balti City  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 900 N. Gay St  
Give Street and Number.

Cause of Death, Axep Pneumonia  
First (Primary),  
Asthma  
Second (Immediate),

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 17th

Undertaker, Geo. Schilling

Place of Business, Signitt & Monmouth Address, 200 Caroline St

P. H. Loner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No.

407

Office of Registrar of Vital Statistics.

Ward

3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Richardson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1411. Ten Foot Alley

Cause of Death, { First (Primary), Second (Immediate), } 1411 Ten foot alley  
Convulsions

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17-1887

Undertaker, W. W. Madden

Place of Business, 76 East St. Address, 1435 Allen

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department City of Baltimore.

Permit No. **A 408**

Office of Registrar of Vital Statistics.

Ward **15<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS DEATH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 16, 1887.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Sarah Green.**

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **5** Years, **5** Months, **0** Days.

Color, **Black.**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore.**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give Street and Number. } **17 Welcome Alley**

Cause of Death, { First (Primary), Second (Immediate), } **Bronchial Catarrh -**

Duration of Last Sickness, **Sick from birth.**

All the above information should be furnished by the Physician.

Place of Burial, **Green St. Cemetery**

Date of Burial, **June 17<sup>th</sup> 1887**

Undertaker, **Saml W. Chase**

Place of Business, **W. S. Howard** Address, **South Dispensary**

**J. D. White** M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department City of Baltimore.

Permit No.

A 409

Office of Registrar of Vital Statistics.

Ward

15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 15<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Brewington.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5

Months,

15

Days

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

212 Melrose alley

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Summer diarrhoea

Exhaustion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Marble Cemetery

Date of Burial,

June 17 1887

{ Undertaker,

Meredith Bros

{ Place of Business,

404 E. Pratt St

Spencer H. Free

M. D.

Medical Attendant.

Address,

412 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A. 410

Office of Registrar of Vital Statistics.

Ward

3<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 16<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martin Stach

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

1 Year

Place of Death,

{ Give Street and Number. }

204. S. Butler

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

1 hour

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cemetery

Date of Burial,

June 17<sup>th</sup>

{ Undertaker,

W. Lippel

Wm. H. Norris

M. D.

Medical Attendant.

{ Place of Business,

330 S. Bond St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]